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OCT 27 2005

Serial No. 09/511777
Attorney Docket No: 120-052

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Transmittal x 2	2 pages
Fee Sheet x 2	2 pages
Terminal Disclaimer	1 page
Total including this sheet	<u>6 pages</u>

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OCT 28 2005

PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/511777
	Filing Date	Feb 24, 2000
	First Named Inventor	Allen
	Art Unit	2143
	Examiner Name	England
Total Number of Pages in This Submission	Attorney Docket Number	120-052

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priorly Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Terminal Disclaimer
Remarks Please charge any fee deficiencies or credit any overpayments to Deposit Account 502569		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Steubing McGuinness & Manaras LLP		
Signature	<i>Mary Steubing</i>		
Printed name	Mary Steubing		
Date	October 27, 2005	Reg. No.	37948

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>Christine M. Morrisette</i>		
Typed or printed name	Carol Ann Mahoney <i>Christine M. Morrisette</i>	Date	October 27, 2005

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09511777
	Filing Date	Feb 24, 2000
	First Named Inventor	Allen
	Art Unit	2143
	Examiner Name	England
Total Number of Pages in This Submission	Attorney Docket Number	120-052

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Terminal Disclaimer
Remarks: Please charge any fee deficiencies or credit any overpayments to Deposit Account 502569		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Steubing McGuinness & Manaras LLP	
Signature	<i>Mary Steubing</i>	
Printed name	Mary Steubing	
Date	October 27, 2005	Reg. No. 37946

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Signature	<i>Christine M. Morrissette</i>	
Typed or printed name	Gerot Ann Mahoney <i>Christine M. Morrissette</i>	Date October 27, 2005

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PTO/SB/17 (12-04)

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/511777 Filing Date 2/24/2000 First Named Inventor Allen Examiner Name England Art Unit 2143 Attorney Docket No. 120-052	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER OCT 27 2005	
TOTAL AMOUNT OF PAYMENT (\$130.00)			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 502569 Deposit Account Name: Steubing McGuinness & Manaras LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																	
		FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity											
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)										
Utility	300	150	500	250	200	100	\$1,000.00										
Design	200	100	100	50	130	65											
Plant	200	100	300	150	160	80											
Reissue	300	150	500	250	600	300											
Provisional	200	100	0	0	0	0											
							Small Entity										
							Fee (\$)										
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50										
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200										
Multiple dependent claims							360										
							180										
Total Claims 0 - 20 or less = 0 x \$50.00 = \$ 0.00		Extra Claims 0 x \$50.00 = \$ 0.00		Fee Paid (\$) \$ 0.00		Multiple Dependent Claims Fee (\$) Fee Paid (\$) \$360.00											
Indep. Claims 0 - 3 or HP = 0 x \$200.00 = \$ 0.00		Extra Claims 0 x \$200.00 = \$ 0.00		Fee Paid (\$) \$ 0.00		Fee Paid (\$) \$ 0.00											
HP = Highest number of independent claims paid for, if greater than 3																	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). <table border="0"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>0</td> <td>- 100 = 0</td> <td>/ 50 = 0 (round up to a whole number)</td> <td>x \$250.00</td> <td>= \$ 0.00</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	0	- 100 = 0	/ 50 = 0 (round up to a whole number)	x \$250.00	= \$ 0.00
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)													
0	- 100 = 0	/ 50 = 0 (round up to a whole number)	x \$250.00	= \$ 0.00													
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Terminal Disclaimer Fee 130.00																	

SUBMITTED BY			
Signature <i>Mary Steubing</i> Name (Print/Type) Mary Steubing	Registration No. 37946 (Attorney/Agent)	Telephone 978-264-6654 Date October 27, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/511777 Filing Date 2/24/2000 First Named Inventor Allen Examiner Name England Art Unit 2143 Attorney Docket No. 120-052	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER OCT 27 2005	
TOTAL AMOUNT OF PAYMENT (\$130.00)			

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account: Deposit Account Number: 502583 Deposit Account Name: Staubing McGuinness & Manaras LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$1,000.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
0	- 20 or less = 0	x \$50.00	= \$ 0.00			
HP = highest number of total claims paid for, if greater than 20					\$360.00	

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
0	- 3 or HP = 0	x \$200.00	= \$ 0.00
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number)	x \$250.00	= \$ 0.00

4. OTHER FEES (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer Fee

130.00

SUBMITTED BY			
Signature	<i>Mary Steubing</i>	Registration No. (Attorney/Agent)	37946
Name (Print/Type)	Mary Steubing	Telephone	978-264-6664
		Date	October 27, 2005

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PTO/SB/26 (09-04)

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**TERMINAL DISCLAIMER TO OBTAIN A DOUBLE PATENTING
REJECTION OVER A "PRIOR" PATENT**

Docket Number (Optional)

120-052

In re Application of: **Allen**Application No.: **09/511,777**Filed: **02/24/2000**For: **Encoding Addresses in a Communication System****RECEIVED
CENTRAL FAX CENTER****OCT 27 2005**

The owner, **Nortel Networks Ltd.**, of **100%** percent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application which would extend beyond the expiration date of the full statutory term prior patent No. **09/512,576** as the term of said prior patent is defined in 35 U.S.C. 154 and 173, and as the term of said prior patent is presently shortened by any terminal disclaimer. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it and the prior patent are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns.

In making the above disclaimer, the owner does not disclaim the terminal part of the term of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 and 173 of the prior patent, "as the term of said prior patent is presently shortened by any terminal disclaimer," in the event that said prior patent later:

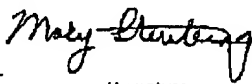
- expires for failure to pay a maintenance fee;
- is held unenforceable;
- is found invalid by a court of competent jurisdiction;
- is statutorily disclaimed in whole or terminally disclaimed under 37 CFR 1.321;
- has all claims canceled by a reexamination certificate;
- is reissued; or
- is in any manner terminated prior to the expiration of its full statutory term as presently shortened by any terminal disclaimer.

Check either box 1 or 2 below, if appropriate.

1. ☐ For submissions on behalf of a business/organization (e.g., corporation, partnership, university, government agency, etc.), the undersigned is empowered to act on behalf of the business/organization.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

2. ☒ The undersigned is an attorney or agent of record. Reg. No. **37,946**



Signature

10/27/2005

Date

Mary Steubing

Typed or printed name

978-264-6664

Telephone Number

- ☐ Terminal disclaimer fee under 37 CFR 1.20(d) included.

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*Statement under 37 CFR 3.73(b) is required if terminal disclaimer is signed by the assignee (owner).
Form PTO/SB/96 may be used for making this certification. See MPEP § 324.

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